



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600001

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILDI INC.

DOING BUSINESS AS BARKER TAVERN

ADDRESS 21 BARKER RD.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: IORDANOPOULOS, TYPE OF LICENSE: Restaurant
ELIAS

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SIDE ENTRANCE AND EXIT FACING EAST.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600003

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANA ENTERPRISES LLC

DOING BUSINESS AS THE RIVER CLUB

ADDRESS 78 BORDER ST.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: LAZARIS,KIKI
ANGL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR; 5 ENTRANCES/EXITS, MAIN RECEPTION AREA, AND BUFFET
LOUNGE, BAR/LOUNGE, OUTDOOR PORCH, BRIDAL SUITE, KITCHEN, RESTROOMS &
BASEMENT FOR BOILER & STORAGE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600004

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SATUIT POST #3169 V.F.W. INC.

DOING BUSINESS A

ADDRESS CH.JSTC.CUSHING HWY

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: YOUNG, BRIAN R TYPE OF LICENSE: Veterans club CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR AND CELLAR; FIRST FLOOR, LOUNGE & FUNCTION HALL; CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600005

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P.J.'S COUNTRY HOUSE INC.

DOING BUSINESS AS

ADDRESS 227 CHF.JUSTICE HWY.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: O'BRIEN,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

GEOFFREY P.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS: FIRST FLOOR, THREE DINING ROOMS, BAR, KITCHEN. SECOND FLOOR:
OFFICE, RESTROOMS, AND STORAGE CELLAR.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600007

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCITUATE COUNTRY CLUB INC.

DOING BUSINESS AS

ADDRESS 91 DRIFTWAY RD.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: KELLEY, ELLEN TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR LOUNGES, PATIO, FUNCTION ROOM, SCREENED PORCH AND SCREENED DECK; SECOND FLOOR BRIDAL SUITE, BASEMENT, AND LOCKER ROOMS.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600009

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: S.C.W. CORPORATION

DOING BUSINESS A MILL WHARF REST.

ADDRESS 23 MILL WHARF PLAZA

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: HILL, J. STEPHAN JR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, 1ST FL; MAIN DINING AREA CONSISTING OF 1 ROOM, ENTRANCE OFF VESTIBULE ON SOUTHERLY SIDE, DINING AREA EXTENDED TO PORCH & DECK AREA LOCATED ON EASTERLY AND NORTHERLY SIDES. 2ND FL; ONE ROOM & COCKTAIL LOUNGE, ENTRANCE BY STAIRWAY FROM THE FIRST FLOOR LEFT.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600012

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MCCOLSKI, INCORPORATED

DOING BUSINESS AS T.K. O'MALLEY'S SPORTS CAFE

ADDRESS 192-94 FRONT ST.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: MCMILLAN,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS FIRST FLOOR, OUTDOOR PATIO. A KITCHEN AND STORE ROOM IN THE REAR.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PEBBLE BEACH INC.

DOING BUSINESS AS GANNETT GRILL

ADDRESS 358-60 GANNETT RD.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: constantine, sandra

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO LEVELS, UPSTAIRS STORAGE ROOMS AND OFFICE.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600016

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HATHERLY GOLF CLUB, INC

DOING BUSINESS AS

ADDRESS HATHERLY RD.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: TREMBLAY,
ROBERT G. JR.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS-FIRST FLOOR FOR STORAGE, SECOND FLOOR- LOUNGE, DINING ROOM
AND PORCH.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600018

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCITUATE HARBOR YACHT CLUB

DOING BUSINESS AS

ADDRESS 84 JERICHO RD.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: FEENEY,
TIMOTHY

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUBHOUSE (ONE FLOOR)

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600020

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: REYNOLDS PKG STORE,INC

DOING BUSINESS A

ADDRESS 42 COUNTRY WAY

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: REYNOLDS,
CHARLES F

TYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE LARGE FRONT ROOM FOR SALES, CELLAR FOR STORAGE, SIDE ROOM FOR
STORAGE, ONE REAR DOOR FOR DELIVERY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600022

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LIGHTHOUSE ENTERPRISES, INC.

DOING BUSINESS AS HARBORSIDE WINE & SPIRITS

ADDRESS 109 FRONT STREET

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: DONOVAN, PAUL TYPE OF LICENSE: Package Store CATEGORY: All Alcohol E.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR-ONE ROOM FOR STORAGE AND SELLING.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600023

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCITUATE PKG STORE, INC

DOING BUSINESS AS

ADDRESS 184 FRONT STREET

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: BAILEY, MARK H TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ENTRANCES; 1ST FLOOR, 2ND FLOOR AND CELLAR, ONE ROOM FIRST FLOOR FOR SALES, THREE ROOMS FOR STORAGE, SECOND FLOOR AND CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600029

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TAMBTC INC.

DOING BUSINESS A FRONT STREET GOURMET WINE & SPIRITS

ADDRESS 121 FRONT ST

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: MARTINI,
THERESA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE RETAIL ROOM, ONE STORAGE ROOM, ONE WALK IN REFRIGERATION UNIT, ONE
CELLAR, FRONT AND SIDE ENTRANCE

I hereby certify and swear under penalties of perjury that:

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(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600030

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COSMOS CAFFE, LLC

DOING BUSINESS AS COSMO'S CAFFE

ADDRESS 333 GANNETT ROAD

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: SADEK, MICKEY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF TWO STORY, WOOD FRAMED BLDG. W/AREA APPROX. 2200 S/F.

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DATE:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600036

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN OF SCITUATE

DOING BUSINESS A

ADDRESS 250 THE DRIFTWAY

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: MILLER, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR CLUBHOUSE WITH SNACK BAR AND ATTACHED PORCH ; TWO
ENTRANCES/EXIT LOCATED WEST AND NORTH SIDE OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600037

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JKM SQ LLC

DOING BUSINESS A RIVA RESTAURANT

ADDRESS 116 FRONT STREET

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: TONDORF, KARA TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1678 SQ. FT. STOREFRONT RESTAURANT WITH 40 SEATS IN DININGROOM. FULL KITCHEN
AND 400 SQUARE FT. PATIO. 17 SEATS IN PUB AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600038

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SATUIT TAVERN, INC.

DOING BUSINESS AS SATUIT TAVERN

ADDRESS 39 JERICHO RD

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: MULVEE, JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, 48 SEAT DINING ROOM; KITCHEN AND STORAGE AREA, SERVING COUNTER
AND TAKE OUT WINDOWS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600040

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JBNJ FOODS INC.

DOING BUSINESS AS TEDESCHI'S #359

ADDRESS 337 GANNETT ROAD

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: GUILMET, BRIAN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY, CONCRETE, BLOCK BUILDING WITH ONE MAIN ENTRANCE AND ONE REAR
EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600045

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MFJ MARKET, INC.

DOING BUSINESS AS THE VILLAGE MARKET

ADDRESS 71 FRONT STREET

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: MCINNIS, JAMES JR.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG W/ ONE MAIN ENTRANCE AND ONE EMERGENCY EXIT FACING FRONT STREET AND FOUR SIDE RECEIVING DOORS AND A SIDE EMERGENCY EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600048

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DANIEL & COLLEEN WEINER

DOING BUSINESS AS THE WEINERY

ADDRESS 366 GANNETT RD

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: WEINER, DANIEL TYPE OF LICENSE: Package Store CATEGORY: Wine and Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

850 SQFT INCLUDES AND OFFICE AND STORAGE SPACE, A RESTROOM, MAIN ENTRANCE ON GANNETT RD AND WIT ON SIDE OF BUILDING.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600049

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SCITUATE RACQUET & FITNESS, INC.

DOING BUSINESS AS SCITUATE RACQUET & FITNESS

ADDRESS 1004 CHIEF JUSTICE CUSHING HIG

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: HORNE,
CHRISTOPHER

TYPE OF LICENSE: Club

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, 38000S/F RECREATION/TENNIS/FITNESS CLUB; 1S FLOOR; PRO SHOP, OFFICE, KITCHEN/BAR, RESTROOMS, CHILD CLUB, TENNIS/SQUASH; 2ND FL.- WEIGHT, SPINNING & AEROBIC ROOMS, TRAINING CENTER OFFICE. LIFT TO 2ND FL., 2 EXITS FROM 2ND FL., 2 EXITS FROM 1ST FL & 4 EXITS FR TENNIS AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600050

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARILYN WARD HOWE

DOING BUSINESS A SANDS END CAFE'

ADDRESS 14-14A MARSHFIELD AVENUE

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02047

MANAGER: WARD HOWE,
MARILYN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT ON LEFT SIDE SEPARATED FROM RETAIL STORE ON RIGHT SIDE; MAIN
DOOR IN FRONT OF BLDG; 2ND DOOR IN RESTAURANT SECTION; 3RD DOOR IN KITCHEN;
4TH DOOR AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600051

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: A HUMMAR CORP.

DOING BUSINESS AS SANDS END CAFE

ADDRESS 14 MARSHFIELD AVENUE

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02047

MANAGER: HOWE, MARILYN TYPE OF LICENSE: Restaurant
WARD

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT/GENERAL STORE W/ MAIN FRONT ENTRANCE AND ENTRANCE TO
RESTAURANT ON LEFT - SEPARATE FROM STORE. TABLE SERVICE ONLY. NO COUNTER
SERVICE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600052

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 95 FRONT STREET

DOING BUSINESS AS PHIN'S

ADDRESS 95 FRONT STREET

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: PRATT, AARON J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY LOCATION, ONE DINING ROOM, ONE BAR AREA, ONE KITCHEN, ONE BATHROOM, ONE WAITSTAFF STATION, ONE OFFICE, ONE FRONT ENTRY/EGRESS, ONE REAR EGRESS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

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DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600053

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORO RESTAURANT LLC

DOING BUSINESS AS ORO

ADDRESS 146 FRONT STREET

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: KING, JILL
KATHERINE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2100 SQ FT OF SPACE ON THE FIRST FLOOR IN THE BUILDING LOCATED 146-164 FRONT STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600054

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: INN AT SCITUATE HARBOR INC.

DOING BUSINESS A INN AT SCITUATE HARBOR

ADDRESS 7 BEAVER DAM ROAD

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: FERGUSON,
LYNDA

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWENTY NINE ROOM INN EXISTING SPACE (APPROX 2500 SQ FT INCLUDED IN THE BUILDING THAT PREVIOUSLY USED AS A RESTAURANT/BAR...SIX ENTRANCES/EXITS, TWO LOCATED ON THE WEST SIDE OF THE NORTH WING, TWO FACING SOUTH ON THE EAST WING AND TWO FACING NORTH ON THE EAST WING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 108600055

CITY OR TOWN SCITUATE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 17 NEW DRIFTWAY, INC.

DOING BUSINESS A BACKYARD BURGER BAR

ADDRESS 17 NEW DRIFTWAY, INC.

CITY/TOWN: SCITUATE

STATE: MA

ZIP CODE: 02066

MANAGER: WILSON, JOAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A 2,500 SQ FT FIRST FLOOR DINING ROOM WITH ONE FRONT ENTRANCE/EXIT, ONE LEFT EXIT AND ONE REAR EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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DATE:

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